

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$764.40 for dates of service 11/08/01 and extending through 01/09/02.
- b. The request was received on 06/20/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/05/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 08/06/02. The response from the insurance carrier was received in the Division on 08/20/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Letter "Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/20/2

“The charges in this claim are based on the TWCC fee guidelines. These services should be reimbursed as they were medically necessary and ordered by the Treating Physician. These services were billed correctly according to TWCC fee guidelines.”

2. Respondent: Letter dated 08/20/02

“Carrier audited the referenced charges and paid in accordance with the appropriate guidelines and ground rules as indicated the attached EOBs.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 11/08/01 and extending through 01/09/02.
2. The denial listed on the EOB is “F(1)-WORK HARDENING(Z343). F(2)-MODIFIER IS REQUIRED FOR THIS PROCEDURE. RESUBMIT SERVICE WITH APPROPRIATE MODIFIER(E483). F2-U-THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE.(Z560). T-Treatment Guidelines.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
12/07/01	97546-WH	\$384.00	\$51.20	F	\$64.00 (per hour)	MFG, MGR (II)(E), CPT descriptor	The provider is non-CARF accredited, therefore the charges of \$64.00 per hour will be reduced by 20%, making the charge per hour \$51.20. The carrier has denied the charges in dispute as “F”. Carrier’s response is timely and no other EOB’s or reaudits were noted. Therefore, the Medical Review Division’s decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed. The provider has billed according to the MFG MG Rule referenced which is, “Work hardening shall be billed as code 97545-WH for the first two hours of each session and code 97546-WH for each additional hour.” The provider has followed the MFG MGR Rule referenced, and the medical documentation indicates that the services were rendered. Therefore, reimbursement is recommended in the amount of \$256.00 .

12/10/01	97545-WH	\$128.00	\$51.20	F,U	\$64.00 (per hour)	MFG, MGR (II)(E), CPT descriptor	The provider is non-CARF accredited, therefore the charges of \$64.00 per hour will be reduced by 20%, making the charge per hour at \$51.20. The carrier has denied the charges in dispute as "F". Carrier's response is timely and no other EOB's or reaudits were noted. Therefore, the Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed. The provider has billed according to the MFG MGR Rule referenced which is, "Work hardening shall be billed as code 97545-WH for the first two hours of each session and code 97546-WH for each additional hour." The provider has followed the MFG MG Rule referenced, and the medical documentation indicates that the services were rendered. Therefore, reimbursement is recommended in the amount of \$358.40.
12/11/01		\$128.00	\$51.20	F,U			
12/12/01		\$128.00	\$51.20	F,U			
12/13/01		\$128.00	\$51.20	F,U			
12/14/01		\$128.00	\$51.20	F,U			
12/17/01		\$128.00	\$51.20	F,U			
12/18/01		\$128.00	\$51.20	F,U			
11/08/01	99499-RP	\$50.00	\$0.00	T	DOP	TWCC Rule §133.306(f)(2)	The rule states: "The following are the fees the commission considers fair and reasonable for each submitted required report or record under any section of this title: narrative required reports one to two pages--\$50.00." The provider billed the carrier for three reports for each date of service in dispute. Therefore, reimbursement is recommended in the amount of \$150.00.
11/20/01		\$50.00	\$0.00	F			
01/09/02		\$50.00	\$0.00	T			
Totals		\$1,174.00	\$409.60				The Requestor is entitled to reimbursement in the amount of \$764.40.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$764.40 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 25th day of November 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb